

**STATE OF MICHIGAN
JUDICIAL DISTRICT
JUDICIAL CIRCUIT****SUMMARY OF
SUBSTANCE ABUSE ASSESSMENT REPORT****CASE NO.**

Court address

Court telephone no.

1. The defendant, _____ :
Name☐ a. was evaluated by this agency on _____ .
Date☐ b. failed to report for evaluation.

2. This agency recommends that the defendant:

☐ a. will not benefit from substance abuse service.☐ b. will benefit from the services specified below. Participation should continue for _____ .
Period of time☐ Alcohol Highway Safety Education (AHSE)☐ Treatment services: ☐ outpatient ☐ inpatient ☐ residential ☐ mental health

3. Comments:

4. Suggested providers:

To be completed on direction of court.

| TYPE OF SERVICE AHSE, Outpatient, Inpatient, Residential or Mental Health | AREA AGENCY(IES) PROVIDING SERVICE Name, address, and telephone number |
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CONFIDENTIAL INFORMATION - NOT TO BE KEPT IN LEGAL CASE FILE

Agency

Signature

Address

Title

City, state, zip

Telephone no.

Date